**Assessment Plan: visit two**

Trainee name: Assessor name:

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| Date, Time, and platform and details (link or code) for assessment: Please note cancellation policy for stage one visits <https://www.college-optometrists.org/qualifying/scheme-for-registration/stage-one/preparing-for-stage-one-visits> |
| **Proposed activity** competencies to be covered, methods of assessment:We will be covering all of the visit two competencies listed in the visit two Assessment Framework plus………………. The actual competencies assessed will be largely dependent on the patient encounters and experience you have gained to date. Please sign and return a copy of this plan to me so indicate your agreementTotal time for visit: 3.5 hours plus a 15 minute breakPlease contact me in advance if you would like to make adjustments to the competencies to be covered. Any adjustments must be agreed before the visit. |
| **Evidence to be prepared in advance:*** Anonymised patient records as specified in the assessment framework ready to screen share. APR must not be sent in advance.
* Trainee led case discussions for 1.1.3, 4.1.4 and 4.1.6
* Your log book ready to screen share

**Evidence to be sent via email in advance:**I must receive by \_\_\_\_\_\_ at the **latest** please:* Completed visit two assessment framework document
* Reflective accounts for 1.2.1, 1.2.2, 1.2.5 and 2.2.1
* Your log of local low vision services
* Witness Testimony for 3.1.8 (if using), 5.1.3 and 8.1.7 (the witness must be copied into the email)
* A declaration, signed by your supervisor, to say that they he/she is satisfied that the records being presented at this visit have been appropriately anonymised and that they are otherwise unaltered from the originals
* This document signed to agree the remote assessment visit plan and trainee declaration
* Your logbook

**Assessment**On the day, please find a quiet place, with good internet access, where you are alone and can concentrate for your assessment visit. We will work through the competencies listed.**Feedback, action planning and further assessment planning**At the end of the visit I will discuss with you and your supervisor* Feedback from the assessment
* Your action plan

**Your supervisor will need to be available to join us for this discussion for 30 minutes from approximately …………****Trainee declaration (must be read, signed, and returned prior to the visit)**I understand that no part of the remote assessment visit is to be recorded or saved in any format, including audio or visual. I understand that I should not seek assistance from others during the visit. Any evidence of storing or sharing any element of an assessment visit will be considered as possible cheating and investigated fully under the regulations of the Scheme for Registration. Signed by trainee………………………..**Agreed visit three date \_\_\_\_\_\_\_\_\_\_\_****Target date for sign off in Stage One \_\_\_\_\_\_\_\_\_\_\_\_** I agree with the proposed remote visit planTrainee …………………………… Supervisor………………………..Assessor …………………………. Date……………………………… |